they are taking allopurinol and urinary alkalinizing agents. (2) They may admit to a severe allergic reaction to iodinated contrast materials. (3) They may also claim allergies to other medications including narcotics in order to lend credence to the intravenous pyelogram dye allergy or to avoid suspicion of any drug addiction. (4) A past history of urological procedures with even the presence of appropriate scars may be found supporting their history of urolithiasis. (5) Generally, the use of narcotics is sporadic and not characteristic of narcotic addiction, with withdrawal symptoms rarely occurring. (6) These patients are usually very intelligent and anticipate the questions and answers of young inexperienced and unsuspecting house officers.

The goals of physicians dealing with these patients ought to be first to make the diagnosis and then avoid any further diagnostic or surgical procedures. Psychiatric evaluation and psychotherapy are essential in trying to remedy this behavior pattern, but frequently the patients leave the hospital against advice before this can be accomplished.

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Diagnosing Appendicitis in Children

... One can almost categorically say that if a child has localized physical findings in the right lower quadrant, then he has appendicitis unless you can prove he has something else. And I think that's the only important finding. No matter what the white count shows, no matter what the other laboratory tests show, localized physical findings in the right lower quadrant in the form of direct tenderness, rebound tenderness and spasm are indications of acute appendicitis and unless otherwise indicating some other diagnosis, one should proceed with treating the appendicitis with an appendectomy.

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